

FACE SHEET – CHILD RECORD

			WiSACWIS Number					
Name – Child		Birthdate (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number		
Medical Assistance Number		Ethnicity Latino / Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		Race <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other				
Date – TPR (mm/dd/yyyy)		County		Name – Judge			Court File Number	
Name – Birth Mother							<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
Name – Birth Father							<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Legal <input type="checkbox"/> Adjudicated <input type="checkbox"/> Alleged	
Case Assignment								
Date (mm/dd/yyyy)		Name – Social Worker						
1.								
2.								
3.								
Child's Living Arrangement (Since original removal)								
1. Type of Living Arrangement		Name – Alternate Placement						
Address (Street, City, State, Zip Code)				Telephone Number		Date Placed		
2. Type of Living Arrangement		Name – Alternate Placement						
Address (Street, City, State, Zip Code)				Telephone Number		Date Placed		
3. Type of Living Arrangement		Name – Alternate Placement						
Address (Street, City, State, Zip Code)				Telephone Number		Date Placed		
4. Type of Living Arrangement		Name – Alternate Placement						
Address (Street, City, State, Zip Code)				Telephone Number		Date Placed		
5. Type of Living Arrangement		Name – Alternate Placement						
Address (Street, City, State, Zip Code)				Telephone Number		Date Placed		
Date Completed								
Last REPP Language								
Adoption Case Plan (each 6 mo.)								
Administrative Review (annually)								
Judicial Reviews (annually)								
Uniform Board Rate (each 6 mo.)								
Check if in File: <input type="checkbox"/> Exchange Registration <input type="checkbox"/> Medical / Genetic History <input type="checkbox"/> TPR Order <input type="checkbox"/> Original Birth Certificate <input type="checkbox"/> Foster Home License <input type="checkbox"/> Adoption Assistance Forms								
Closing Date		Adoptive Name						
Date – Adoptive Assistance Papers Sent to Fiscal								